State of Idaho

DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4250 FAX # (208)334-4398

TITLE INSURANCE AGENT LICENSE REQUIREMENT CHECKLIST

Contact: Preliminary notification and advance contact needs to be made with:

Jim Scanlon Examiner Title & Market Insurance Specialist (208)334-4321 jim.scanlon@doi.idaho.gov

Download and Fill Out Application

- **Application** INS-LIC-T/1 for Title Insurance Agent License
- **Plant Information** INS-LIC-T/2. If a new plant, it must be inspected and approved by the Department **prior** to license issuance. If purchasing or leasing an existing plant, attach a copy of the purchase and sales agreement.

Financial Requirements

- Application License Fee \$50.00.
- Certified Copy of a Escrow Surety Bond or Custodial Securities Deposit \$10,000 per county plus an additional \$10,000 per escrow officer with a maximum of \$50,000. Idaho Code § 41-2711 Approved securities or cash may be provided in lieu of the bond. (A Custody Agreement form is available from the Department.)
- Escrow Rate Filing Base Rate, Minimum Rate, Minimum Negotiable Rate, Rate for maintaining interest-bearing earnest money agreement escrow accounts for realtors and long-term collection escrow rates.

Other Requirements

- Limited Liability Company (L.L.C) Addendum (if applicable) INS-LIC-T-LLC
- Copy of business filing with the Secretary of State.
- **Verifiable Experience** in the Title Insurance Industry.
- Familiarity and understanding of applicable sections of the Idaho Code and Rules. Primarily, but not necessarily limited to, Idaho Code Title 41, Chapter 27; IDAPA Rules 18.01.01, 18.01.25, 18.01.39, and 18.01.56. These are available on the Internet at www.doi.idaho.gov. (Go to "Links to Other Sites.")
- Controlled or Directed Business Pursuant to Idaho Code § 41-2709. If any principal, partner, owner, or entity is a producer of title business as defined by IDAPA 18.01.56.010.03 and qualifies pursuant to Idaho Code § 41-2709, then please indicate name(s) and percent of ownership. Please review Idaho Code § 2709 to ascertain compliance.

Mail Completed and Signed Application (w/any additional required items) to:

Idaho Department of Insurance, PO Box 83720, Boise ID 83720-0043